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# TELEGRAPHIC MESSAGE

NAME OF AGENCY DHEW, PHS, HSMHA, RMPS		PRECEDENCE ACTION: INFO:	SECURITY CLASSIFICATION
ACCOUNTING CLASSIFICATION 3-3971015 7530321 23.6J		DATE PREPARED 4/3/73	TYPE OF MESSAGE <input type="checkbox"/> SINGLE <input type="checkbox"/> BOOK <input checked="" type="checkbox"/> MULTIPLE-ADDRESS
FOR INFORMATION CALL			
NAME Sarah J. Silsbee	PHONE NUMBER 31580		

THIS SPACE FOR USE OF COMMUNICATION UNIT

MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters)

TO: F.M. SIMMONS PATTERSON, M.D.  
EXECUTIVE DIRECTOR  
NORTH CAROLINA REGIONAL MEDICAL PROGRAM  
4019 NORTH ROXBORO ROAD  
DURHAM, NORTH CAROLINA

TO: Mr. S. C. Harward  
Assistant Controller  
Duke University  
Durham, North Carolina

TO: MR. T. H. GRIFFITH  
PROGRAM DIRECTOR, RMP  
OFFICE OF THE REGIONAL HEALTH DIRECTOR  
DHEW REGION IV  
50 SEVENTH STREET, N.E., ROOM 423  
ATLANTA, GEORGIA

THIS IS TO ADVISE YOU OF THE DECISIONS RESULTING FROM THE REVIEW OF THE PHASE-OUT PLANS SUBMITTED ON MARCH 15 BY THE NORTH CAROLINA REGIONAL MEDICAL PROGRAM. THE DECISIONS ARE AS FOLLOWS:

1. THE TERMINATION DATE FOR THE NORTH CAROLINA REGIONAL MEDICAL PROGRAM IS AUGUST 31, 1973. THIS IS THE DATE BEYOND WHICH NO GRANT FUNDS MAY BE EXPENDED.
2. THE APPROVED DIRECT COST LEVEL IS NOW \$1,527,061 PLUS APPROPRIATE INDIRECT COSTS. AN AMENDED AWARD WILL BE ISSUED FOR THE NEW APPROVED BUDGET PERIOD OF September 1, 1972 THROUGH AUGUST 31, 1973.

3. IN SHORT, YOUR PLANS FOR TERMINATING PROJECT ACTIVITIES

AND MOST STAFF ACTIVITIES BY JUNE 30 HAVE BEEN

APPROVED. YOUR PLAN TO MAINTAIN

SECURITY CLASSIFICATION

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# GRAPHIC MESSAGE

OFFICE OF AGENCY		PRECEDENCE  ACTION:  INFO:	SECURITY CLASSIFICATION
ACCOUNTING CLASSIFICATION	DATE PREPARED		TYPE OF MESSAGE  <input type="checkbox"/> SINGLE <input type="checkbox"/> BOOK <input type="checkbox"/> MULTIPLE-ADDRESS
FOR INFORMATION CALL			
NAME	PHONE NUMBER		

THIS SPACE FOR USE OF COMMUNICATION UNIT

MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters)

TO:

MINIMUM STAFF BEYOND JUNE 30 IS AMENDED ONLY BY THE EARLIER  
TERMINATION DATE.

THE ABOVE INFORMATION IS NOT INTENDED TO BE AN ALL-INCLUSIVE RESPONSE  
TO YOUR PROPOSED PLANS FOR EQUIPMENT DISPOSAL, RECORDS RETENTION, USE  
OF GRANT-RELATED INCOME, ETC. RATHER, IT REPRESENTS OUR JUDGMENT ABOUT  
THE BASIC DECISIONS NEEDED TO ENABLE YOU TO INITIATE THE NECESSARY  
OPERATIONS AND NEGOTIATIONS.

WE EXPECT THAT YOU WILL HAVE QUESTIONS AND WE URGE YOU TO CALL THE  
GRANTS MANAGEMENT BRANCH (301/443-1800) FOR ASSISTANCE AS NEEDED. THE  
GRANTS MANAGEMENT STAFF WILL ALSO BE CONTACTING YOU REGARDING SPECIFIC  
DETAILS ON THE PHASE-OUT OF YOUR PROGRAM AND THE FORMS TO BE PREPARED  
TO SUPPORT THE AMENDED AWARD DATE.

*Harold Margulies*

HAROLD MARGULIES, M.D.  
DIRECTOR  
REGIONAL MEDICAL PROGRAMS

SECURITY CLASSIFICATION

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